1	A	0	7	K
1	U	U	9	4)

Reg. Dist. No.

	111182	OLIVIII 10	AIL OI DLAIII		Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	re deceased tived. If institutio b. COUNTY	nn Residence befare admission) Cecil
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16		tside corporate limits, write RU	JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street oddres OR INSTITUTION Union Hospital	3 mo.	d. STREET ADDRESS R. D.	kton	is residence     ON A FARM?     YES    NO
	3. NAME OF DECEASED (Type or print)	Middle	Blaker	4. DATE Month OF DEATH Septemb	
	5. SEX 6. CÓLOR OR RACE 7. MARRIED [ Female White WIDOWED [	NEVER MARRIED DIVORCED	8. DATE OF BIRTH April 8, 18	9. AGE (In years last birthday) 60 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Haurs Min.
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Sea	of Business OR INDU	Pennsylva		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Thomas Conway		14. MOTHER'S MAIDEN NA UNKNOWN		
	IYes on or unknown) . Iff we give mer or date of service)		informant Clara McFadd	len Elkton	, Md. R.D.
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	(o), (b), and (c).] AVCINC	matosis	?	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (b).  DUE TO	Origin.	Cerchian		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort 1 or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While of wark of wark	Nat while fo	ACE OF INJURY (Hame, farm, ictory, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
	21. I certify that I attended the deceased fralive on 158, 19	/			that I last saw the deceased and an the date stated above. DATE SIGNED
1	PHYSICIAN'S Gearget	1 Kre	is In	<i>J</i> '	
	051400141 /55141	name of Cemetery C nerry Hil:	Cemetery	Cherry Hil:	

TO HOSPITAL OR VS A1S (4) 15M 9/S5

haspital ar attending physician

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

**ADDRESS** 

1 E. Hickel

Elkton, Md.

24a. REC'D BY REGISTRAR

DATE OCT

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

TE OF DEATH	
A To the state of	
Management of Automotive at the party of the	

Repnington Sohr Havre de Grace, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the TO FUNERAL DIRECTO

VS A15 (4) 15M 10/57

## **CERTIFICATE OF DEATH**

Reg. Dist. No.

10076

1. PLACE OF DEATH o. COUNTY	Cecil		MAR	YLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceases yland	d lived. If instituti b. COUNTY	on: Resider	nce before	e odmissi	ion)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limiteorest town)		c. LENGTH OF STAY		c. CITY OR TOWN (I		rote limits, write R	URAL ond	give near	rest lown	1)
Per	ry Point		6yrs.lmo.	26da;		timore			3	3 VO	1.4
OR INSTITUTION	TAL (If not in hospital, o Administrat				d. STREET ADDRESS	16a mm1 a	and Assessed				FARM?
							ind Avenu	le		AE2	NO X
3. NAME OF DECEASED (Type or print)	Fig.	HAEL	MMI)		BRENISH	4. DATE OF DEATH	Septemb		10		Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARR	IED X	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			
Male	White	WIDOW	DIVORCE	ED 🔲	1-9-11	St 77.3	47 yrs.	Months	Days	Hours	Min.
None None	ON (Give kind of work king life, even if retired	) P.	harmacist	in	Pennsyl	vanta	ountry)		USA	F WHAT	COUNTRY
13. FATHER'S NAME			ervice (Ar	my)	14. MOTHER'S MAIDEN						
	Michae.				Mary Wan	dison		1000	2017		
1S. WAS DECEASED EVE (Yes, no. or unknown) Yes	Peacetine	ervice)	social security no unknown	1	MFORMANT spital Recor	ds, VA	H, Perry		t, Mo	d.	
PART I. DE/  420.  Conditions, if of gove rise to icouse (o), stoting lying couse lost.	the under-	)	coronary oc	cclus					ONSI		DEATH liate
CATIC	AS UNDERLYING				NOT RELATED TO THE TER  O. (Enler noture of injury in			'EN IN PAR	T 1(o) 19	PERFO	AUTOPSY PRMED? NO 🔯
OR CONTRIBUTING	MEDICAL EXAMINER		compe from a took i c	J C C J (	s. temer notore or injury .						
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	or 20d. If While of work	NJURY OCCURRED  Not while of work	20e. PL/ foo	ACE OF INJURY (Home, fo tory, street, office bldg., e	erm, 20f. (City	or town)	(1	County)		(Stote)
21. I certify th	nat Kattended the	decease	ed from July	15	, 19 42, to S	eptemb	er 10 <sub>1958</sub>	., MOPP	18998	XP9K2C	955535E
				t death	occurred at 12:2	58M, from	n the causes of treet, city or town,	ind an t	he date	e state	
PHYSICIAN'S NAME (Type)	W. M.		IS.	Act	ing Director	, Prof	essional	Serv	ices		and the control of th
220. BURIAL CREMATIC REMOVAL (Specify)	9/12/5	OF .		nown		น	nknown	ulip	sha	(Stote	7a,
23. FUNERAL DIRECTOR	'S SIGNATURE	7	ADDRESS		24a. RE	C'D BY REGIST	RAR 24b. REGIS	STRAR'S SIG	GNATURE	E/	

SEP 1 6 '58

DATE

arthur S. Kraus

CHARLES, COLLEGE A SHAP OF SHAPE OF THE WORLD WINDOW SALES AND A SHAPE WE PRING A CO. MOLYTING CAMBRIDGE STORE LANGE STORE STATE OF STREET in the state of th CERTIFICATE OF DEATH

Reg. Dist. No.

Days

USA

(County)

96

B. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

unknown

PERFORMED? YES NO IN

(Stote)

DATE SIGNED

9-9-58

(Stote)

ON A FARM?

YES NO IX

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1058

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O	RAL DIRECTO After this certificate has been signed by the attending physician and completely filled in by the funding the formal director,	should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	strar priar to burial, cremation, or removal, and in any event within 72 have after death.	
Ine	ā	0	d	
eto	1	90	TO	
-	N	ST	St	

10098 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Cecil b. COUNTY Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) L3vrs.5mo.27davs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS **QR INSTITUTION** Veterans Administration Hospital 3907 Pinewood Avenue NAME OF Middle 4. DATE DECEASED OF JOHN. R. BROWN September (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months White 9-21-1897 Male DIVORCED [ WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Loom - Meadow Mills Operator Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Lee Brown Anna Mary Steigerwald 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes Hospital Records. VAH. Perry Point. Md. unknown 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Arteriosclerosis, generalized, advanced IMMEDIATE CAUSE (0) DUE TO Parkinsons disease Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that attended the deceased from March 12 and concentration and the death occurred at 11:10 pm, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL V.A. Hospital, Perry Point, Md. PHYSICIAN'S Director, Professional Services S. P. LACERVA NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county).
Baltimore, Md. 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Parkwood 9-11-1958 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Lassahn Funeral Home, 7401 Belair Rd., Baltimore Md EP

arthur S. Track

O HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 hours after death. Page TO FUNER page 3 the regis VS A15 (4) 15M 10/57

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## FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessary, please execute the certificate withing the word "pending" in pencil in them. 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Feathman or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

5M 2/57

VS. ATSME

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10078

					Keg. Dist. No.
PLACE OF DEATH	Cecil	. MARYLAND	2. USUAL RESIDENCE (VO. STATE Md.	Vhere deceased lived. If institute b. COUNT	vision: Residence before admission)  Y  CECLL
b. CITY OR TOWN I	Il outside corporate limits, write RUR Rton	c. LENGTH OF STAY IN 16  I mo 28	days X E	outside corporote limits, write kton, R.D.4	RURAL and give nearest lown)
	ion Hospita	t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDEN ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Robert	Middle D.	Carter	4. DATE Mont	h Pey Year 19 58
5. SEX M		MARRIED NEVER MARRIED SE DOWED SE PROPERTY	9-22-1877	9. AGE (In years lost birthday) 80 yrs.	Months Days Hours Min.
during most of worki	ON (Give kind of work done no life, even if retired)	106. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (Stote Marylar		12. CITIZEN OF WHAT COUN U.S.A.
13. FATHER'S NAME John	ettan Ca	rter	Mary El	Len Chediste	r
15. WAS DECEASED EV [Yes, no, of unknown]	/ER IN U. S. ARMED FORCES (If yes, give war or dates of service		Beulah Pot	vell, Claymo	
	ATM (Enter only one couse point WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Dany, which ) (b)		neumonia left femu	2	INTERVAL BETWEEN ONSET AND DEATH
gove rise to imme (a), slating the cause last.	underlying DUE TO	Arterioscler			
5 491×		ONS CONTRIBUTING TO DEATH BUT N			/EN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES NO
	USE WAS INTRIBUTING []	Fell in his h		l or Part II of item 18.)	
20c. TIME OF INJU	7 17, 5	of work of work	ory, street, office bldg., etc.	Elkton	(County) (Slot
		the remoins described oboural couses . Accident			Inquiry [], ond in a
ACTUAL	len	odson	_M.D. CHIEF MEDICAL EX	_	DATE SIGNED
EXAMINER'S NAME (Type)	R.C. Dods		DEPUTY MEDICAL	EXAMINER (3	9-14-58
REMOVAL (Specify	9/17/19	22c. NAME OF CEMETERY, OR STO Charry Hel	& Cernetry	Cherry He	ll md
11.4 Ja	eter du 13	och Elklo	MA DATE	CED 1 7 POL	Orthur S. Harra

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-775

# EALTH DEPT.

600

A for yo with with pup 500 ofter death Pages P.M.3. Give Page Omy Item 18. G Office 70 0 designated cute the nould be

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31	W 2	/2/	

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

CIRCUIT & Travel

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before udmission a. COUNTY b. COUNTY Maryland Cecil MARYLAND b. CITY OR TOWN (It outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) life Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) I d. STREET ADDRESS . IS RESIDENCE 7 Norman Allen Union Hospital YES NO P 3. NAME OF First Middle 4. DATE Month Year DECEASED **EMERSON** (Type or print) LANE CROTHERS DEATH 188 September 28 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Days Manths Haurs Min. Male January White WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most at working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? Office Clerk Government U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Maude Hague Emerson Ralph Crothers Norman Allen S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Holly Lorrayne H. Crothers Yes WarII Ikton. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Peritonitis due to Rupture of Peptic III cer DUE TO Canditians, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? Myocardial Infarct due to Arteriosclerotic Cardiovascular Disease YES TO NOT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 'Month, Dov. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) While Haur a.m. Nat while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry . and in my apinian death resulted, from: Natural couses [3], Accident ], Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** William V. Govitt, Jr., M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stofe) REMOVAL (Specify)
Burial Gilpin Manor Park Elkton, Md **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

Elkton, Md.

DATE

MEDICAL ENAMINARY CERTIFICATE ON DEATH The state of the s THE THE PARTY OF T Philosophy and the state of the broad arts of the property of the state of the stat THE PARTY WHEN THE PARTY HAVE AND ADDRESS OF THE PARTY HAVE AND AD a v com comme THE WAS DONE OF THE WAS DELL'S TO SHARE THE

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

10080

Reg. Dist. No.

	1000	10	CERT	IFICA	IE OF DEA	IH		Reg. D	ist. No.	96	
a. COUNTY	Cecil		MAR	YLAND	o. STATE Mary	(Where decease	d lived. If institution b. COUNTY		ence befor		ion)
RURAL and give n		its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN		prote limits, write R	URAL ond	give nea	rest town	1)
Perry Po	LNG s  [AL (If not in hospitol, in the second secon	nius strast	26 yrs		d. STREET ADDRESS		9	101	- 4-	e. IS RES	IDENICE
OR INSTITUTION	Administrat		odoressj		1119 Pine		3	10		ON A	FARM?
3. NAME OF DECEASED (Type or print)	Warner B.	Dew.	Middle Ling		Last	4. DATE OF DEATH	Mon 9	th	Day 28	4	Yeor 19 58
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED K B.	DATE OF BIRTH		9. AGE (In years		1	-	R 24 HRS.
Male	White	WIDOW	ED DIVORCE	D	3-6-96		last birthday) 62 yrs.	Months	Days	Hours	Min.
On USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (SE	ote or foreign o	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY?
Clerk	king life, even if retired	i)	Candy Com	pany	Baltimor	e, Md.		U	.S.A.		
3. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
Benjamin	F. Dewling				Lily Gr	coves					
5. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	). 17. INF			Add	ress			
Yes, no. or unknown)	(If yes, give wor or dates of		ot ascerta	inable	Hoenital	Record	te WAH P	onmr	Poir	nt 1	ua.
	ATH [Enter only one c				Hospitoan	100001	10, vall, 1	CITY	-	RVAL BE	
									ONS	ET AND	
	TH WAS CAUSED BY:	) Fi	brosis of	the	myocardiu	m due	to degen	erat	ion	unk	nown
1420.0	DUE TO	an	d replace	ment	fibrosis.	left	ventricl	е			
Conditions, if o	ny, which		terioscle							unk	nown
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lying couse lost.	The Under-										
	) (		CONTRIBUTING TO DE	ATIL BUT NO	OT BELLTED TO THE TE	DIMEN DICE				0 14/4.6	ALIZOREY
S PART II. OII	HER SIGNIFICANT COM		rterioscl							PERFC	RMED?
PART II. OTI	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED.	(Enter nature of injury	in Port 1 or Pa	rt II of item 1B.)				
20c. TIME OF INJUR Haur a. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED  Nat while at work		E OF INJURY (Home, f ry, street, office bldg.,		y or town)		(County)		(Stote)
21. I certify th	at attended the	deceas	ed from 9-2'	7	. 19 32 . to	9_28	19 58	thermal	dalar xo	w the	of to play #
	XXXXXXXXXXXX			•							
	1 16	5/					itreet, city or town,				ATE SIGNE
ACTUAL SIGNATURE	12	ZA	ewa	M.I	D. V.A. HO	spital	, Perry	Poin	t, M	ld.	9-29-
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	S. P. L.	ACERV	A	M.(			, <u>Perry</u> fessiona				9-29-
SIGNATUREPHYSICIAN'S	ON, 226. DATE THERE	OF .	A 22c. NAME OF CEM	LETERY OR (	Directo	r, Pro		l Se	rvic		

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HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary please execute the certificate writing the ward "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard overtealth, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10081 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH								Keg. Dist. N	
	20200			2. 1	JSUAL RESIDENCE	(Where decease	ed lived. If institu	ution: Residence b	efore admission)
o. COUNTY	ecil		MARYL	AND	STATE Mar	yland	b. COUNT	Ceci	1
b. CITY OR TOWN I	If outside corporate limits, write	RURAL	LENGTH OF STAY IN	1 1b	CITY OR TOWN	(If autside corp	porale limits, write	RURAL and give	nearest town)
and give nearest town	with Foot	Rd	10	_ X	Not	th East	Re	4	
	TAL OR INSTITUTION (		18 month	S	S. STREET ADDRESS		100	4	e. IS RESIDEN
				1	P T	2			YES NO
3. NAME OF	Fire	at	Middle	II	Lost	4. DATE	Mont	h Da	
(Type or print)	Bett		М.		Dunn	OF DEATH	9	3	-4
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	E OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYEAT	
female	white	WIDOWED [	DIVORCED	]	12-5.192	29	29 yrs.	Manths Days	Hours Min.
On USUAL OCCUPATI	ON (Give kind of work ong life, even if retired)	Jane 10b. KIN	D OF BUSINESS OR IN	DUSTRY 1	1. BIRTHPLACE (SI	ate or fareign c	ountry)	12. CITIZEN	OF WHAT COUN
	ewife	1.55			1	New York	ζ	U	ISA
13. FATHER'S NAME				14. /	MOTHER'S MAIDE				11 17 78 28
	Orley Benne	ett			Etta	Jones			
	VER IN U. S. ARMED FOI	RCES? 16. SO	CIAL SECURITY NO.	17. INFORM		35555	Address	·······	
(Yes, no, er unknown)	(If yes, give war or deles of		unknown	Eti	hel Pette	eys Wa	ilton N.Y	7.	
Canditions, if a gave rise to imme (a), stating the cause last.  PART II. OT	ediate cause	)	TRIBUTING TO DEATH	BUT NOT RI	ELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOF PERFORMED YES 1 NO
PART II. OT	USE WAS 20		IOW INJURY OCCURR	ED. (Enter n	ature of injury in I	Port I or Port II	of item 18.)	100	WEATS .
		St	ruck with !	olunt	instrume	nt.			
	JRY Month, Day, Yea	or 20d. INJ	URY OCCURRED 20e	PLACE OF	INJURY (Home, fo	orm, 120f. (City	or town)	(County)	(Sta
	JRY Month, Day, Yea	20d. INJ		PLACE OF		orm, 20f. (City alc.)			
20c. TIME OF INJU	JRY Month, Day, Yea	20d. INJ While at work	Nat while at work	PLACE OF factory, st	INJURY (Home, forest, office bldg.,	orm, 20f. (City	orth Eas	t Ceci	1 Mc
20c. TIME OF INJU Hour e. m.	JRY Month, Day, Yea	20d. INJ While at work	Nat while at work mains described	PLACE OF factory, str	INJURY (Home, forest, office bldg.,	psy X, I	orth Eas	t Ceci	Mo ], ond in
20c. TIME OF INJU Hour e. m.	Month, Day, Year 9/3 15 that I took charge	20d. INJ While of work of the rer	Not while of work \$50 mains described uses, Accide	PLACE OF factory, str	INJURY (Home, forest, office bldg., come held an Auto Suicide ,	psy X, II	orth East	t Ceci	Mo ], ond in
20c. TIME OF INJUNE Hour e.m. XXXXX 21. 1 certify topinion death ACTUAL SIGNATURE	Month, Day, Year 9/3 15 that I took charge	20d. INJ While of work of the rer	Nat while at work mains described	above, I	INJURY (Home, forest, office bldg., come held an Auto Suicide ,	psy x, In Homicide	orth Eas	t Ceci	1 Mo
20c. TIME OF INJUNE Hour e. m. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Month, Day, Year 9/3 15 hat I took charge resulted from:	While of work of the rem	Not while of work to describe duses . Accide	above, I	INJURY (Home, forest, office bldg., lome held an Auto Suicide ,	psy X, II  Homicide  EXAMINER DICAL EXAMINE	orth Eas	t Ceci	Moder D
20c. TIME OF INJUMENT OF INJUMENT OPINION DE OTHER SIGNATURE EXAMINER'S NAME (Type)  22c. BURIAL, CREMATIK REMOVAL (Specify	Paul F. (ON. 22b. DATE THEREO	or 20d. INJ While of work of the rer Natural for	Not while of work to describe duses . Accide	above, I	INJURY (Home, for reel, office bldg., lome held an Auto Suicide , CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	PSY 20. (City place)  Homicide  EXAMINER DICAL EXAMINER [  22d. LOCA	orth Eastspection [], [X], Undete	t Ceci	DATE SIGNEE 9/4/58 (State)
20c. TIME OF INJU- Hour e. m. XXXXX  21. I certify t opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22c. BURIAL, CREMATIC REMOVAL (Specify BURIAL)	Paul F. (27b. DATE THERECT	While of work to find the remain of the rema	Nat while at work to a	above, I above, I m.D.	INJURY (Home, forest, office bldg., lome held an Auto Suicide , CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL ATORY	PSY X. II Homicide  EXAMINER DICAL EXAMINER [ 22d, LOCA WALT  EC'D BY REGIST	orth Eas- aspection  Undete	t Ceci	DATE SIGNEE 9/4/58 (State) Co., N.

as a multil friedlandig . Truste with blant discrepance. The second of th

TATE TOT



Reg. Dist. No. Cecil e. IS RESIDENCE

ON A FARM? YES NO

Yeor

IF UNDER 24 HRS.

19 58

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IF UNDER TYPAR

Hours Min. YES. 12. CITIZEN OF WHAT COUNTRY? USA Address Ethel Pettevs Wilton N.Y. INTERVAL DETWEEN DINSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES DO NO | (County) (State) Md. North East Cecil 21. I certify that I took charge of the remains described above, held on Autopsy 3. Inspection []. Inquiry | and in my Undetermined monner DATE SIGNED 9/4/58 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria1 9-9-1958 Warrensburg, Warren Co. / Md nt north Cash Md 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 8 arthur & Harris

0 VS. A15ME 5M 2/57

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AREA DER HANNE Interest of the Contract of the State of the The state of the s The Little of the same Street with Divise Instruments. 

VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	10102	3	CERTIF	ICA	TE OF DEATH	1		Reg. Di	st. No.	96	5
e. PLACE OF DEATH	Cecil		MARYLA		o. STATE Penns		h COUNTY	on: Resider	nce befor	e admis	sion)
	outside corporole lim	ils, wrile	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF o			URAL ond	give neg	rest town	nì
RURAL and give ne	oint. Md.		29yrs.9mo.28	dore				75		-	
d. NAME OF HOSPIT	AL (If not in hospital,			uaya	d. STREET ADDRESS	ISDUI'S	5	12	1	. IS RES	IDENCE
OR INSTITUTION	Administra	tion	Hognital		1033 Wa	11000	Azionno				FARM?
. NAME OF	Fi		Middle			4. DATE		al.		un	CHOWN
DECEASED (Type or print)		EPH	L.		ESCHER.	OF DEATH	Mon		Day		Yeor
. SEX					DATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER			19 58
Male	White	WIDOW	RIED NEVER MARRIED		pril 25, 18	21	last birthday)	Months	Days	Hours	Min.
	11.50			_			67 yrs.	120 50	12511 01		
during most of work	ing life, even if retired	3	KIND OF BUSINESS OR I				ountry)			WHAI	COUNTR
Mechar	110		Steel Compan	y	Pennsylva				JSA	,	
3. FATHER'S NAME	DI-4114-	D l			14. MOTHER'S MAIDEN N						
	Phillip				Katherine	Kenny					
(Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of				DRMANT		Addr				
Yes	WW I		unknown	Hos	pital Recor	ds, VA	AH, Perry	Poir	it, l	id.	
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (a), (b), and (c).]						INTE	RVAL BE	TWEEN DEATH
Conditions, if an gave rise to in cause (a), stating lying cause lost.	nmediate (	)									
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 15	PERFO	AUTOPSY PRMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter nature af injury in I	Part I ar Par	t 11 of item 18.)				
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While	NJURY OCCURRED 20 Not while at work	le. PLAC factor	OF INJURY (Home, farm y, street, office bldg., etc.	, 20f. (Cit)	or town)	(1	County)		(State)
ACTUAL SIGNATURE	LA.		ed from November 100000 and that de	eoth o	V.A. Hosp	a, M, from ADDRESS (S ital,	n the causes a treet, city or town, Perry Po	nd on t	he dat	e stote	decession of the second of the
PHYSICIAN'S NAME (Type)			VA, M.D.  22c. NAME OF CEMETE	RY OR C	Director,		essional TION (City, tawn, c		ices		
REMOVAL (Specify)	Sept. 4,	195	8 Calvary		tery	Will	censburg.	Alle			
3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC'I	BY REGIST	TRAR 24b. REGIS	TRAR'S SI	GNATUR	E	
Wm. Cook I	Inc. 1217 S	St. P	aul Street. F	Ralt:	more Mare es	0 0	58	Thurs.	0 4		

The property of the property o	AT ALL MANAGEMENT AND	CATHOPE	HITSED DE	
PROBLEM BY SOLE IN FERM LANDING ME, MICHAEL STORE STOR	The Paris Virginia			
AND CONTROL OF THE PRODUCT OF THE PR	net us militia			A. A. A. A.
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of compliance in the second of	ASS conception of the section	TEALOR	STATES E	

FOR STATE HEALTH DEPT.

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Poge ealth, PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea		1	V
Ren	Dist	No	

o. COUNTY	Cecil		MARYL	AND	o. STATE	Ma	ryland	b. COUNT	ч На	arfo	rd	
and give negrest town)	outside corporate timits, write y Point	RURAL	Less than		c. CITY OR			Grace	RURAL or	nd give n	eorest to	iwn) 🗸
d. NAME OF HOSPITA Veterans Ad			pilol, give street oddress spital	)	d. STREET A		apel R	oad			ON	ESIDENCE A FARM? NO 2
3. NAME OF DECEASED (Type or print)	Firs WILL	LIAM	Middle E.		FLETCHE		4. DATE OF DEATH	Septe	m ember	Doy 16		Yeor 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRII	ED NEVER MARRIED  DIVORCED	-	1-26-95			P. AGE (In years lost birthday) 63 yrs.	IF UNDER	R 1YEAR Days	Hours	Min.
10a. USUAL OCCUPATION during most of working Mechani	g life, even if retired)	one 10b. I	UND OF BUSINESS OR IF	NDUSTR		yland	or foreign co	untry)		USA	F WHAT	COUNTRY?
13. FATHER'S NAME	Columbus						AME Trout	wine				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	social security no.  unknown		formant pital R	ecord	s, VAH	Address , Perry		t, M	d.	
Conditions, if or gove rise to immed (a), stating the couse lost.	ny, which (b) (b) giote couse DUE TO (c).	Ar	ocardial file teriosclerot	tic	heart d	iseas		CONDITION GI	VFN: IN: 9A		ET AND DE	
3		Arte	riosclerosis	s ge	neraliz	ed se	vere		VEIG III I X		PERFO	NO []
	NTRIBUTING []	D. DESCRIB	E HOW INJURY OCCURE	CED. (EF	iter noture of inj	ury in Port	I or Port II c	t item 18.)				
20c. TIME OF INJUS Hour o. m. p. m.	RY Month, Doy, Yeo	While		e. PLAC focto	E OF INJURY (H ry, street, office	ome, form, bldg., etc.)	20f. (City	or town)	(Ce	ounty)		(State)
			remains described causes , Accid		_							nd in my
ACTUAL	llew	lee	eller	1	M.D. CHIEF M	EDICAL EX	AMINER   EXAMINER				DATE S	SIGNED
EXAMINER'S NAME (Type)	R. C. D					MEDICAL E	XAMINER [2	F			9-1	L7-58
220. BURIAL, CREMATIO REMOVAL (Specify) Burial 23. MONERAY DIRECTOR	9/20/5 S. SIGNATURE	8	Grove Pres ADDRESS AMARYLAND		eriah Ch	nurch				GNATU		•)
John G.		2 4001	,			DATE	-		1 4. /	Colls		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral 4 should be forw.

1 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State is at its designated agent, priar to burial, cremation, ar removal, and in any even within 72 haurs after death. VS. AISME 5M 2/57

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San Cal T					
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	T. Branch D. Service Service D. S. Service D. S. Service D.				
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	r A		Dening and . cos	obradili, Liberdo	
B. B. San	THE PERSON		E STEEL ST	Tarend me	- Tuhn 9,

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

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T	U	U	0	C

10085 CERTIFICATE OF DEATH

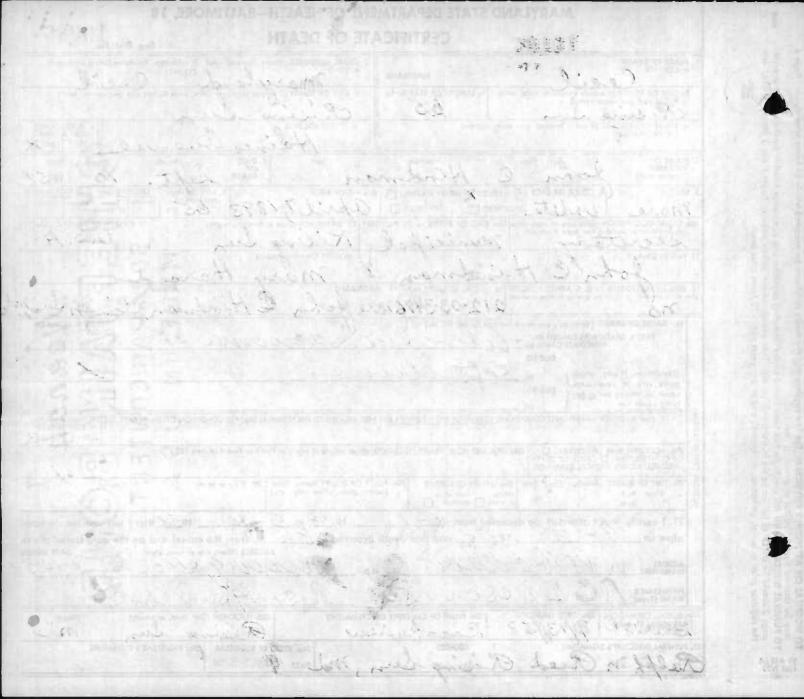
1,000	OEKIII 102	TIE OI BEATTI	Reg. Dist	. No.
1. PLACE OF DEATH  o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where decease Mayyland	bCOUNTY	before admission)
<ul> <li>b. CITY OR TOWN (If autside carporate limits, wri RURAL and give nearest town)</li> </ul>	to c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carp	orate limits, write RURAL and gi	ve nearest town)
Elkton	30yrs.			
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION Union Hospital	reet oddress)	d. STREET ADDRESS  131 Maffitt S	street	o. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	Richard	Hartmany DEATH	Month Scotonson	Day Year 6 1958
MA I'm man	ARRIED TO NEVER MARRIED TO DIVORCED TO THE	8. DATE OF BIRTH June 24, 1881		YEAR IF UNDER 24 HRS. Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work dane I during most of working life, even if retired) Foreman	iob. Kind of Business or Indu Fireworks	STRY 11. BIRTHPLACE (Stote or foreign Germany		ermany
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Gothard Hartmann		Fredrica Ba	ach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)		n <del>formant</del> Mrs. Lucy Hartma	ann, 131 Maff	ith, Sta.
IMMEDIATE CAUSE (o).  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause last.  (c)	arkund	erri	Congression	
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  I [I F EITHER, NOTIFY MEDICAL EXAMINER]				1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Pa	rt II of item 18.)	
Haur a. m. WI		ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ly or town) (Co	ounty) (Stote)
21. I certify that I attended the dece alive on 1. 1. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	1/1/		m the causes and an the Street, city or town, state)	e date stoted above
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 9/9/58	22c. NAME OF CEMETERY OF Immaculate		ATION (City, town, or county) Elkton, Md.	(State)
23. FUNERA DIRECTOR'S SIGNATURE LICKS	ADDRESS Elkton,	Md . 240. REC'D BY REGIS	STRAR 24b. REGISTRAR'S SIGN	The second secon

VS A15 (4) 15M 9/55

SERVICE DE DEATH SERVERY CO. P. Dept. ħ. Demonstrate of the control of the co vorigo, most asset to a most electric late many

FOR LAND, TAYEDE ARTINET, OF HEALTH-HALLIMORE IS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT. M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your Franch or the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your Franch or its designated agent, prior to burial, cremation, or removal and in any event within 72 hours after death.

VS. A15ME 5M 2/57

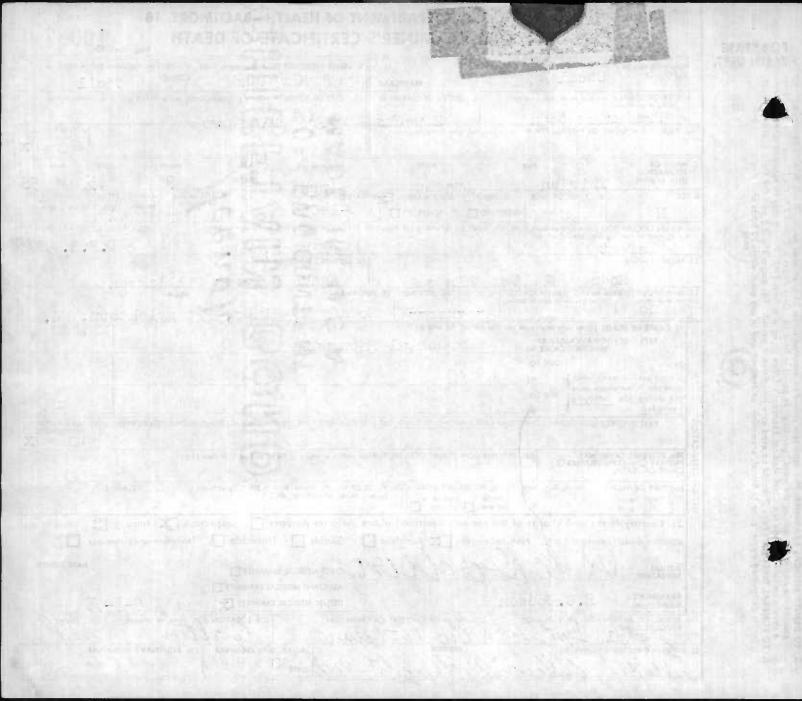
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ID STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10087 Rea. Dist.

	- Commence of the Commence of	· · · · · · · · · · · · · · · · · · ·	3 45 6	- I was the same							_
	ACE OF DEATH	PARTER AND A STORY	1 SALAS	939	1 2	USUAL RESIDENCE	(Where decease	sed lived. If insti	tution: Residence	before admission)	
0.	COUNTY	Cecil		MARYLA	AND	o. STATE Mar	yland	b. COUN	Ce Ce	cil	
b.	CITY OR TOWN III	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN	(If outside car	porote limits, wri	e RURAL and giv	ve neorest lown)	
	and give nearest town)	المادة المادة		0 1		/					V
		ick town	t not in how	pital, give street address)	S.	de STREET ADDRESS	rickt	own		e. IS RESIDEN	C.F.
	NAME OF HOSPITA	TOK HASHIGHON (I	i ngrin nos	pilot, give street oddress)		d sikter ADDRESS				ON A FAR	M?
3. N.	AME OF	Fire	19	Middle		Lost	4. DATE	Mor	oth C	Doy Year	
	ype or print)	Thirlun		Eugene		TTime	DEATH	C		5 19 1	38
5. SE	X	and the second s	7. MARRIE	D NEVER MARRIED	7-8. D/	Hines TE OF BIRTH		9. AGE (In years	IF UNDER TYE	AR IF UNDER 24	IRS
	M	0	WIDOWED			8-24058		fost birthday) yrs	Months Doy	Hours Min.	
10a.	USUAL OCCUPATIO	N (Give kind of work		IND OF BUSINESS OR IN	1	11. BIRTHPLACE (Sto	te or foreign o		-	OF WHAT COUN	TRY
du	ring most of working	g life, even if retired)									
20.5	Infan	T.			1	Elkto		•	1 0	.S.A.	
13, F	ATHER'S NAME				14	. MOTHER'S MAIDEN	INAME				
	Ro	dney Will	iam	Hines		Agnus	Delor	es Will	iamson		
		R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFO	RMANT		Addre			
,,,,,,	no	(ii ) (ii, give wor or out) or			Ro	dnev W.	Hines	Frede	rickto	m 1/2	
1	8. CAUSE OF DEAT	H [Enter only one cou	se per line	for (o), (b), and (c). ]		,,,,,		, Li Cuit	1 1	NTERVAL BETWEEN	
		H WAS CAUSED BY:			Dec	0.200 0.00				DNSET AND DEATH	
	763.0	IMMEDIATE CAUSE (0)		Bronchial	L Pn	eumonia					
	160,0	DUE TO									
	Conditions, if or						45.0				
	gave rise to immed	> Dur TO			lads .		W				
	(a), stating the u	(c)									
2	PART II. OTH			INTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION G	IVEN IN PART 10	o) 19. WAS AUTOP	SY
일										PERFORMED	?
2	- FYTEA C1		4 050000							YES   NO	الس
CERTIFICATION	PRIMARY OF CON CAUSE OF DEATH.	ITRIBUTING []	b. DESCRIBI	E HOW INJURY OCCURRI	ED. (Enler	noture of injury in P	ort I or Part II	of item 18.)			
	POC. TIME OF INJUR	Y Month, Doy, Yes	or 20d. I	NJURY OCCURRED 20e	PLACE	OF INJURY (Home, fo	rm. 120f. (City	or town)	(County	) (SIo	10)
MEDICAL	Hour a.m.	19	While			street, affice bldg., e		,	(Coomy	, (5.0	-,
		at I took charge	.1-,	emains described	above	held an Autor	osy 🗍 I	nspection [	K Inquiry	and in	m
					-					frame.	,
l l'	opinion death	resoved from:	Vatural C	causes X Accide	ent [_],	Suicide,	namiciae	LJ, Unde	lermined mai	nner [_]	
		11 10	6()	100/11	101		3932.55			DATE SIGNED	
	ACTUAL SIGNATURE	10	10	ven	11 W	D. CHIEF MEDICAL	EXAMINER [			DATE STORES	
						ASSISTANT MED	ICAL EXAMINE	R 📄			
	EXAMINER'S NAME (Type)	R.C.Dod	son			DEPUTY MEDICA	L EXAMINER [	3:	9-5-	-58	
	BURIAL, CREMATIO REMOVAL (Specify)		1458	22c. NAME OF CEMETER	Y OR CRI	MATORY	22d. LOG9	TION (City, 18wn	, or county)	(State)	7=-
23. F	WHERE DIRECTOR	S SIGNATURE		ADDRESS	- 12	290. RE	C'D BY REGIST		SISTRAR'S SIGNA		
6	Moons	Feller	ve 1	milling	to	Suf DATES	EP 9 15	58 0	ribun S. H.	ious	
2	0655	15 X V 6									



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		1.000	00	CERII	FICA	AIE OF L	EAIT	21.1			Reg. D	ist. No		
1.	PLACE OF DEATH	cil		MARY	LAND	2. USUAL RESID	DENCE (WHO	lane		If institution	Per Reside	ence befo	odmis	sian)
	b. CITY OR TOWN (If a RURAL and give near		its, write	c. LENGTH OF STAY		c. CITY OR 1	WA (If a			ls, write RI	URAL ond	give ne	arest tow	n)
	d. NAME OF HOSPITAL	(If not in haspitol, s	Hos	pifa/		d. STREET A								SIDENCE FARM?
3.	NAME OE DECEASED (Type or print)	Flo.	ren	Middle		Holling	560017	4. DATE OE DEATH	4	Sen!	th	8	зу	Year 1958
5.	female 6	Negro	7. MARR	DIVORCE		B. DATE OF BIRTH	14,1	1900	9. AGE last b	(In years withdoy) yrs.	Months /	Doys	Hours Hours	ER 24 HRS. Min.
100	during most of warking	(Give kind af wark Flife, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (State of	6	ountry)	lone.	/ 12. C	ITIZEN C	OF WHAT	COUNTRY
13.	EATHER'S NAME	4-16-6				14. MOTHER'S	MAIDEN N	AME '						
		dore Lam				L	aura	Veal						
15. (Ye	WAS DECEASED EVER II	N U. S. ARMED FOI res, give war or dates of	ervice)	one		thur H	ollin	igswo	rth.	-War		c,Md		
	IA.	WAS CAUSED BY:	0	cufe (a), (b), and (c).	an	restive	F	gs/u	ne	· Ven,	15:		ERVAL BE	
	Conditions, if any, gave rise to imm cause (o), stoting the	nediote (	A	rteniosei	len,	Lic H	levit.	D.Sti	se					
CATION	lying cause lost.  PART II. OTHER	) (e SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E COND	TION GIV	EN IN PA	RT 1(a)	19. WAS PERFO YES	DRMED?
CERTIFI	20a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING       CAUSE OF DEATH   EDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	). (Enter nature a	f injury in P	art I ar Par	t II of ite	m 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	or 20d. IN While of work	Not while of work	20e. PL/ fac	CE OF INJURY (I tary, street, affice	lame, farm, bldg., etc.	20f. (City	y or town	)		(County)	Y)	(Stote)
	21. I certify that alive an September 21. ACTUAL SIGNATURE	l attended the	decease , 19.5		death	occurred at.	10 8 10 9 0	M, from	m the c	auses a	nd on			decease ed abav ATE SIGNE
220	PHYSICIAN'S NAME (Type)	22b. DATE THEREO	O A	benshar	TERY OF	CREMATORY		22d. LOCA	TION (C	ly tawn o	or county		(Stel	10)
	Burial		8	Bohemia						а Ма				
	FUNERAL DIRECTOR'S	IGNATURE		ADDRESS			24a. REGE	BY REGIS	TRAR	24b. REGIS	TRAR'S S	IGNATU	RELA.	
1	Thu A	(120 F	0	Wilm I	101		DATE	EL 10	20					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 After this certificate has been signed by the attending physician and campletely filled in by the After this certificate has been signed by the attending physician and campletely filled in by the tacked for use as the burial-transit permit. Then please femave carbon papers. Pages I and 2 short burial crematian or remayal, and in any event within 72 hours after death. the registrar priar to burial, cremation, ar remaval, and in any event within TO FUNERAL DIRECT After this certificate has been signed by page 3 should be verockhed for use as the burial-transit permit. VS A15 (4) 15M 9/55

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**CERTIFICATE OF DEATH** 

Rea. Dist. No.

				11					
o. COUNTY	Ceci1		MARYLAND	o. STATE	Maryland	b. COUNTY		efore admis	sion}
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	FOWN (If outside corp	orote limits, write R	URAL and give	nearest tow	n}
KOKUT OILO BIAE	Elkton,	Md.	2 days	X	North	East			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	ive street	oddress)	d. STREET A					SIDENCE
OK INSTITUTION	Union Ho	spita	a1						FARM?
3. NAME OF DECEASED (Type or print)	Fi		Middle	los	OF	Mon		Day	Yeor
	Ida		R	Huston		Sept.	23		19 58
5. SEX Female	White	WIDOW	RIED NEVER MARRIED DIVORCED	June 11,		9. AGE (In years lost birthdoy) 85 yrs.	Months Doy		Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU				12. CITIZEN	OF WHAT	COUNTRY
	orking life, even if retired	}		No.	th East, Ma	rvland	I	JSA	
3. FATHER'S NAME					MAIDEN NAME				
	Stephen J.	Centra	a h	T	Pochol Toler	-1016			
S. WAS DECEASED EV	/ER IN U. S. ARMED FOR			INFORMANT	Rachel Lake	Add	ress		
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice	None		ford Unato			Md	
1:				n.CIII	ford Husto	III NOI	th East		
	EATH (Enter only one co EATH WAS CAUSED BY:	(1)		. 11 6	1.171	t.		NSET AND	
110001	IMMEDIATE CAUSE (	LOY	onary Veclusion	with Phyor	Brdial Ful	2/21:06		49	ays
4-20.1	DUE TO	71	6 0 1.	11 1	0 , 1.			40	
Conditions, if		14/1	pertensive Cardio	Vascula, 1	7140/ 1/13	eric		12 40	:44)
gove rise to couse (o), stoting		//							
lying couse los		}	-					-	
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(0	19. WAS	AUTOPSY
3								YES [	RMED?
PART II. O  PART II. O  OR CONTRIBUTION  (IF EITHER, NOTIF	VAS UNDERLYING   IG   CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	f injury in Port I or Po	rt II of item 18.}			
		204 "	THIRT OCCUPAND TO BE	ACE OF INIBIAY	H \$ 200 (0)				
Hour o. m	. 10	While	Not while fo	ctory, street, office	Home, form, 20f. (Cit bldg., etc.)	y or town}	(Count	(y)	(Stote)
p. m	. 19	of wor	k of work	-					
21. I certify	that I attended the	deceos	ed from SISpit	, 1953	, ta 235p	1958	.,that I last	saw the	decease
alive an	dd Sipt	, 195	ond that death	accurred at	3:30/1. M. fro	m the couses o	ind on the c	date state	ed abov
1-1-5	111. / 11	11	,	. /		treet, city or Jown,			ATE SIGNE
ACTUAL	Messes H.	fue	hor	MD No	. H. Es. t	, rd	0	235.11	15
PHYSICIAN'S	Klaus	4 1	tuchue. A.	1) .	************	/		/-	
NAME (Type)	ON, 226. DATE THEREO	)E	22c. NAME OF CEMETERY O		I m L Loca	TION (C'			
REMOVAL (Specif		,,	North East Me		~ .	TION (City, town, o		(Stot	(e)
Buria1	19/23/58			thoust		North Eas		Md.	
23. FUNERAL DIRECTO	SS SIGNATURE	-	North East, Mar	v1and	24a. REC'D BY REGIS		STRAR'S SIGNAT		
Contract.	grant		- Jan 15 Mai	, a cure	DATE SEP 29'	58 a	Ilvin S. Th	Aus	

of director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECT

After this certificate has been signed by the ottending physicion and completely filled in by the fipage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shout the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/SS

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EALTH DEPT may Page pages 1 a Sive Poges form PM3. Office used should ecute the certific should be forwork FUNERAL DIREC designated

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Cecil b. COUNTY Tiogo MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest fown? Visiting Liberty Township Earlville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO C Pleasure Shores 3. NAME OF 4. DATE First Middle Lost Month Yeor DECEASED (Type or print) Kline DEATH 19 Colby 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR 5. SEX IF UNDER 24 HRS. fost birthday) Months Hours Min. WIDOWED [ DIVORCED [ 22 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) Chester, Pa. U.S.A. Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Ponte fract 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Drowned IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED2 NOF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY Der CONTRIBUTING CAUSE OF DEATH. Swimming in Elk River 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while of work at work 21. I certify that ) taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinion death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** R.C. Dodson 9-28-58 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Salem Cem Liberty FUNTERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

HTATORIC ETADITITIES ENTRUMANTE LA DIOPHI 

## FOR STATE HEALTH DEPT.

1. PLACE OF DEATH

b. CITY OR TOW and give nearest Hac

d. NAME OF HO Hac

NAME OF DECEASED (Type or print)

10a. USUAL OCCUP during most of we For ema 13. FATHER'S NAME

15. WAS DECEASED no 18. CAUSE OF I PART I.

> Conditions. gove rise to in

(o), stoting th couse lost. PART II,

NAME (Type)

0. m. p. m.

CERTIFICATION

MEDICAL

5. SEX

ealth, Page uid be executed within 24 hours after death. If any delay is necessary in pencit in Item, 18. Give Pages 1, 2, and 3 to the funeral direct ners's Office along with form PM3. Page 5 may be retained for you burial-transit permit. File pages 1 and 2 with the State Board of or removal, and in any event within 72 hours ofter death. writing the ward "pending" in to the Chief Medical Examiner's Page 3 should be used as a but, prior to burial, cremation, or 4 should be forwerd TO FUNERAL DIRECTOR: its designated agen

	TATE DEPARTME L EXAMINER'S					Joist. No.	.00	91
Cecil	MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased	lived. If institu			ore admi	ission)
N (If outside corporate limits, write #URAL lown) AS Point	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (III  Drexe			RURAL on	d give ne	orest to	~n) -3
SPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS 56 Rever	e Road	l Appa:	rt 3		ON	A FARM?
Hulton First	Middle McKe		4. DATE OF DEATH	Mont 9	h	Doy 16		9 58
W WIDOWED	DIVORCED [	8-29 - 19	00	AGE (In years fort birthday) 50 yrs.	Months	Doys	Hours	ER 24 HRS. Min.
ATION (Give kind of work done lob. Kl strking life, even if retired)	Paints Dupon		ill, F	olry)	12. CI1	U.S		COUNTRY?
EVER IN U. S. ARMED FORCES? 16. S		Alice H	ulton cKeowa	Address 56	Dre	exel	Hi.	ll Pa
DEATH [Enter only one cause per line for DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute Coro	nary					AL BETWL	
DUE TO  f ony, which mediate cause to underlying  DUE TO  (c)  OTHER SIGNIFICANT CONDITIONS CON	STRICTIONS TO DEATH 917 N.	OT PELATER TO THE TERM	NAL DISEASE	ONDITION C'	(EA) (A) (C)			
	HOW INJURY OCCURRED. (En				VEN IN PAI			RMED?

20a. EXTERNAL PRIMARY OF CAUSE OF DEA 20c. TIME OF INJURY Month, Doy, Year

of work of work

While

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) factory, street, office bldg., etc.)

(County)

(Stote)

21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection . Inquiry and in my opinion death resulted from: Natural causes A, Accident , Suicide , Hamicide , Undetermined manner

ACTUAL DATE SIGNED

CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** R.C. Dodson

Not while

DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) Removal (Specify) ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

arthur S. Kraus

24b. REGISTRAR'S SIGNATURE

VS. A15ME 5M 2/57

Titler Comment of the St. N. Dord Cally N. C.

VS A15 (4) 15M 9/55 00

	10100	CERTIF	ICATE OF	DEATH		Reg. Dist. N	lo.
1. PLACE OF o. COUN	TY Cecil	MARYLA	O STATE	SIDENCE (Where decea	sed lived. If insti		efore admission)
RURAL	R TOWN (If outside corporate limits, write and give nearest town)		t 1b c. CITY O	R TOWN (If priside con	porote limits, writ	e RURAL ond give I	nearest town)
d. NAME OR IN	OF HOSPITAL Whot in hospitat, give streets TITUTION	et oddress)	d. STREET	ADDRESS Com	ry	ltreet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASE	print) E	Middle	mel	ost 4. DATE OF DEAT	H Se	5/	Day Year 19. 19.58
5. SEX	rale White WIDON	RRIED NEVER MARRIED MED DIVORCED	0 2/12	11882	9. AGE (In you lost birthdo	rs.	s Hours Min.
during, r	OCCUPATION (Give kind of work done 10 nost of working life, even if retired)	Home		maryl	country)	12. CITIZEN	S A
13. FATHER'S	enra Campbell	l	9	da 2	Ukite	lock	
Yes, no, or unk		none	Stanle	y mev.	er, Fr	Iddress	Sunme
	JSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	mo	ma o	Pull		NTERVAL BETWEEN NSET AND DEATH
	tions, if ony, which rise to immediate (b)	neteen	tired	into	leol	on	
lying o	o), stoting the <u>under-</u> DUE TO couse lost. (c)						
CATI	PART II. OTHER SIGNIFICANT CONDITIONS					GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	TRIBUTING   CAUSE OF DEATH	SCRIBE HOW INJURY OCC					
	E OF INJURY Month, Day, Year 20d. Whit p. m. 19	e Not while	factory, street, off	(Home, farm, 20f. (Cice bldg., etc.)	ity or town)	(Count	y) (Stote)
21. I olive	certify that I attended the decedent	1-1	eoth occurred o	7, to 9 -	om the cause		saw the deceosed
ACTUAL	URE MILLED	oche	98(M.D. )	ADDRESS	(Street, city or toy	vn, state)	de grant signed
PHYSICI NAME (	Type) / 1 C 10 43	ON		21811	19 Su	NN	rd
REMOV	CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMET	ERY OF CREMATORY	Co	ATION (City, tow	· Ceril	(State)
23. FUNERAL	When Red	Ruing	Sun md	DATE SEP 2 3		GISTRAR'S SIGNAT	

DINK KUDS SIMISTY W 030 NO 31 VE M. C. M. C. C. C. J. C. Maller Street Street

	101(		CERTIF		ATE OF D			IIMOKE,		Dist. No.	716	093
o. COUNTY	ecil		MARYL	AND	2. USUAL RESID		here decessed	d lived. If institution b. COUNTY	on: Resid			iion)
b. CITY OR TOWN RURAL and give	(If outside corporate lime rearest town) y Point	ils, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TO		outside corpo lora	rate limits, write R	URAL and	d give nec	prest town	1)
d. NAME OF HOSPI	TAL (If not in hospital,		address)	B	d. STREET AL						ON A	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fi GE	orde ORGE	Middle E.		MC VE		4. DATE OF DEATH	Mor Septe		9	У	unknow 1958
5. SEX Ma.le	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED	- 1	8. DATE OF BIRTH			9. AGE (In years lost birthdoy) 64 yrs.	Months Months			ER 24 HRS. Min.
during most of wor	rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDU		Jerse		ountry)		ITIZEN O	F WHAT	COUNTRY?
3. FATHER'S NAME	George W	. Mc	Vey	I	14. MOTHER'S Matil		NAME estroi	ch				F74
5. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of the transfer of the transf		social security no. unknown	1	ospital R	ecor	ds, VA	H, Perry		nt, 1	Md.	
	the under-	Py	e for (o), (b), and (c).] copneumothor ceumectomy r aplastic ca	igh	nt lung 7			bronchus		olio Olio	erval Be Set And )-15	days
3		DITIONS C	erioscleros	H BUT	NOT RELATED TO	THE TERM			EN IN PA		9. WAS PERFC	
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC									
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye		Not while of work	Oe. PL	ACE OF INJURY (Hictory, street, office	lome, form bldg., etc	n, 20f. (City )	or town)		(County)		(State)
21. I certify the service of the ser	s. P. LA	al	ed from August	death	occurred ot	8:35 Hosp:	AM, from	reet, city or town,	and on stole)	Md.	te state	ed above ATE SIGNED -10-58
REMOVAL (Specify	ON, 22b. DATE THERECO	5-8	22c. NAME OF CEMET					ion (City, town, sing Sun			(Stat	e)
3. FUNERAL DIRECTOR	17 1	Havre	ADDRESS de Grace,	Md.			D BY REGIST		STRAR'S S			

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	Pirester, Traine III	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10088 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 001 b. CITY OR TOWN (If autside corporate limits, write 0 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO M puo NAME OF Middle 4. DATE First Last Month Day Year DECEASED (Type or print) DEATH 1958 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH Months Doys Hours DIVORCED | WIDOWED [ papers. 106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 8 carban offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician emove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: 6 hes. IMMEDIATE CAUSE (o) DUE TO þ E . any Conditions, if ony, which (6) been signed gove rise to immediate DUE TO . 5 cause (o), stoting the underpup lying couse lost. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removal. PERFORMED? YES | NO DE 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OS MEDICAL 20e. PLACE OF INJURY IHome, form, 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour a. m While Not while of work of work p. m. 19 58 that I last saw the deceased 21. I certify that I attended the deceased fram. alive an M. from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL DIREC prior pe should PHYSICIAN'S he registrar NAME (Type) FUNER 3 220. BURIAL CREMATION. 22boDATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 SEP 5 158

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	may be retained by the haspitol ar attending physician.  TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the first director, poge 3 should be described for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremotion, or remayol, and in any event within 72 hours offer death.
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SP	S H C G
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I	P P
10	may be retained by the haspitol or attending physician.  TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the first director, poge 3 should be dereated for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayol, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55

	1009	9 CEKIIF	ICA	E OF DEATH		R	leg. Dist. N	0.	
o. COUNTY Cecil		MARYLA	11	usual RESIDENCE (WHO I STATE Delaws		1	Residence be		on)
b. CITY OR TOWN (If outside cor RURAL and give nearest town) ELKTON	porote limits, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF a	outside corporate l	limits, write RUR	AL ond give n	earest town)	V
d. NAME OF HOSPITAL (If not in OR INSTITUTION Devine Have	hospitol, give street n Nursin	g Home		d. STREET ADDRESS Elktor	n Road			e. IS RESID ON A F	FARM2
3. NAME OF DECEASED (Type or print)	First Alice	Rebecca	Me	redith	4. DATE OF DEATH	Month Sep		1958 19	ear 9
Female Whi	te widowi		S	ept. 9,18		birthday) N	UNDER 1 YEA		Min.
10a. USUAL OCCUPATION (Give kin during most of working life, eve Housewife	d of work done 10b. if retired)	KIND OF BUSINESS OR	INDUSTR	11. 8IRTHPLACE (Stote Delawa		1)	12. CITIZEN	OF WHAT C	OUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	1417			
Franklin	Eastburn			Mary I	Ellen R	uth			
1S. WAS DECEASED EVER IN U. S. A (Yes. no. or unknown) (If yes. give war	RMED FORCES? 16. or dates of service)	SOCIAL SECURITY NO.		Beulah E	Lewis	Address Elkto		De, Newa	I.RD#2
18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CA IMMEDIATE 331 ×  Conditions, if ony, which gave rise to immediate couse (o), storing the under-lying couse lost.	USED 8Y: CAUSE (o) C	e for (o), (b), and (c).] ierebral he			1		201	3.0	WEEN DEATH OOKS
PART II. OTHER SIGNIFIC  Chronic  Chronic  On Contributing   Cause of (If Either, Notify Medical Extension of the Contribution	inters	titial ner	ohri	OT RELATED TO THE TERMI 。 しょう Enter nature of injury in t			IN PART 1(o)	19. WAS AL PERFOR/ YES	MED?
20c. TIME OF INJURY Month, Hour a. jr. p. m.	Day, Year 20d. It While of work	Not while	e. PLACE factor	OF INJURY (Home, farm y, street, office bldg., etc.	, 20f. (City or to	own)	(County	)	(State)
21. I certify that I attend alive an 9/4/58  ACTUAL SIGNATURE  PHYSICIAN'S Walls	eem/		eath a	51957, to 9, courred at 4;30	DM, from the ADDRESS (Street,	e causes and city or town, stol	d on the de	ate stated	
220. BURIAL, CREMATION, 226. DA REMOVAL (Specify) Burial Sep		22c. NAME OF CEMETE White C			22d. LOCATION Newark	(City. town. or c	***	(State)	
23. FUNERAL DIRECTOR'S SIGNATUR	News	ADDRESS W.		24a. REC'I	BY REGISTRAR SEP 9 '58	24b. REGISTR			

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				2010 E. E. S.
Letter to the		4 5		
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c, lelangre		toly a in Bu	Ar, 3	[ ] eere

within 72 hours after death. After this kuneral director, the third copy of this

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

after death.

10096

### CERTIFICATE OF DEATH

101	10		Reg	. Dist. No.
1. PLACE OF DEATH			NCE (HOME) OF DEC	
COUNTY . Cecil	MARYLAND	STATE Md.	COUNIT	Cecil
CITY (If outside corporate limits, write RUF on end give nearest town) TOWN Port Deposit	(in this place)	OR	peake ##	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give I	ocation)
3. NAME OF (First) DECEASED (Typa or Print) Mamie	(Middla) Vogue	(Lost)	4. DATE (Month) OF DEATH 9	(Day) (Year) 16 <sub>19</sub> 58
s. SEX 6. COLOR OR 7. Female White Ma	SINGLE, MARRIED, 8. DA	16,1895		F UNDER 1 YEAR IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSE WIFE	OWN HOME	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME  Joseph	Lloyd	14. MOTHER'S MAIDEN Susan	NAME Lloy	d
1S. WAS DECEASED EVER IN U. S. ARMED FO (Yes, Nor unk.) (If Yes, give wer or dates or				rt Deposit,Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING 420, / IMMEDIATE CAUSE (A	ING TO DEATH	Control /	Pus - bosis	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	to Chuoni	hy o Co-	dy. s	5720.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	AJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21BOR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. PLACE (Home, farm, fectory, INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year)	) (Hour) 21e. INJURY OCCURRED While - Not while r	21f. HOW DID INJURY OCCU	R?	
	M. et work et work			
22. I hereby certify that I attend	M. et work L et work L	3 19.57 to 5	16 1958	that I last saw the deceased
22. I hereby certify that I attend alive on 1955.	M. et work et work led the deceased from	ed et 2-3-2/M, from the		e stated above.  tata) DATE SIGNED
alive on 9 195	M. et work et work led the deceased from	od et Aba M, from the ADD	causes end on the dat RESS (Street, city, town, s	e stated above.  DATE SIGNED
alive on	M. et work et work led the deceased from	od et Aba M, from the ADD	causes end on the dat RESS (Street, city, town, a	e stated above.  DATE SIGNED

BE JEROMITIAG-HYLASHIRO THEMTHAGES STATE COLARY SAME CERTIFICATE OF BEATH . DIA Magica S Technical DOTTOGE SGBL, BI YaM ANGERS BEN JEST BORNES WERE SERVER WAR

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VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH - JALTIMORE, IR

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### FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral direction as the shauld be farmed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									Reg. D	ist. No		
1,	PLACE OF DEATH	100	91			2. USUAL RESIDENCE	(Where deced	sed lived. If institu	rtion: Resid	ence bel	fore admis	sion)
	o. COUNTY Ce	cil		MAR	YLAND	o. STATE Md.		b. COUNT	Y Ce	cil		
	b. CITY OR TOWN (If	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside con	porate limits, write	RURAL on	d give n	eorest tow	n)
		ton		2yrs		X Cher	ry Hi	11				
	d. NAME OF HOSPITA	AL OR INSTITUTION (		pital, give street addre	rss)	d. STREET ADDRESS					ONA	SIDENCE FARM?
=	Uni						1				1	NO 🚅
3.	NAME OF DECEASED (Type or print)	Frede:		Middle	Ni	emei er	4. DATE OF DEATH	Mont	h	2	Y•	58
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D   B. (	DATE OF BIRTH		9. AGE  In years last birthday)	IF UNDER		IF UNDE	
6	M	W	WIDOWE	DIVORCED		8-4-1888	3	70 yrs.	Months	Doys	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b. I	CIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (SIE	ote or foreign	country)	12. CIT	IZEN O	F WHAT C	COUNTRY?
1	Farme		F	Retired		Wene	Mo.	The Contract of		U.S	.A.	
13	FATHER'S NAME					14. MOTHER'S MAIDE	NAME	History	1.11			
1	Fre	ederick N	iemei	ier		Elizal	eth E	Beagle				
15	. WAS DECEASED EVE	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	. 17. INI	ORMANT		Address	0.00			
	no		22	209-4967	F	rederick	Nieme	ier Elk	ton,	R.	D.3	Md.
	18. CAUSE OF DEAT	TH [Enter only one cou	se per line	for (o), (b), and (c).]						INTE	TAND DEAT	N
		H WAS CAUSED BY:		Ruptured	abd	ominal ar	neiris	m				
	451X	DUE TO										
	Conditions, if or	ny, which) (b)										
	gove rise to immed (o), stating the								1941		Section	
	couse lost.	(c										
CERTIFICATION	PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TEL	RMINALDISEA	SE CONDITION GIV	VEN IN PAR		PERFOR	
IFIC	200. EXTERNAL CAU	ISE WAS 20	b. DESCRIB	E HOW INJURY OCCU	RRED. (En	er noture of injury in I	Part I or Part I	1 of item 18.)				423
CERT	CAUSE OF DEATH.	NTRIBUTING []				77						
		RY Month, Doy, Ye	or 20d.	INJURY OCCURRED	20e. PLACI	OF INJURY (Home, fo	orm, 20f. (Ci	ly or lown)	(Co	unty)		(Stote)
MEDICAL	Hour o.m.	19	While	Not while	factor	y, street, office bldg.,	ofc.)					
2		nat I took chorge			ed abov	e held an Auto	nsv 🗍	Inspection [4]	Inqui	rv 🗖	X one	in my
					-		Homicide	-		· Named	-	a in my
	opinion death	resulted from:	Adinto:	couses Las Acc	Ideni _	, Suicide [],	Homicia	e [], Undere	rmined	monne	er 🔲	
	ACTUAL /	Ulmy	1	lace	11	CHIEF MEDICAL	FYAMINER I	1			DATE SI	GNED
	SIGNATURE	WUIV	00	100		M.D. ASSISTANT MED						
	EXAMINER'S NAME (Type)	R.C.dDd	son			DEPUTY MEDICA				9.	-3-5	8
22	o. BURIAL, CREMATIO			22c. NAME OF CEME	TERY OR C			ATION (City, Iown,	or county)		(Stote	)
1	REMOVAL (Specify) Burial	9/6/59						37		onla	(5,016	
23	DUI TAT		1 ,	ADDRESS .	CII C	emetery 240. R	C'D BY REGIS	TRAR 246. REGI		GNATU	RE,	
1	talkh &	E. Hias	60	Elkton,	Md.	DATE	SEP 5	158 a	Thur S.	. Mrai	A.A.	

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VS. A15ME 5M 2/57

## tem 18 Film 234 10 Film 234 10 Film EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF			2. USUAL RESIDENCE (V	Vhere deceased lived. If institu	tion: Residence before admission)				
o. COUNT	Cecil	MARYLAND	o. STATE Maryland b. COUNTY Cecil						
	R TOWN (If outside corporate limits, write RURAL e necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	aulside corporale limits, write	RURAL and give nearest town)				
	Port Deposit	3 Weeks	× Port	Deposit					
d. NAME	OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	Coulborn Aparta	ents	[ Coul	born Apartment	YES NO				
3. NAME OF	First	Middle	Lost	4. DATE Monti	Day Yeor				
(Type or p		EARL	PETERSON		cember 18 19 58				
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1YEAR IF UNDER 24 HKS. Months Days Hours Min.				
Mal			1-27-19	28 - yrs.	/ 51/				
during mo	OCCUPATION (Give kind of work dane) 10b. K st, working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY				
	none		11/100		Jus, A.				
13. FATHER	NAME 1 10 D-+	1. 1 1 1	14. MOTHER'S MAIDEN N	NAME & L	) Land				
1100	en tare fell	nson	parvar	a/C1/0	vijavi				
15. WAS DE		SOCIAL SECURITY NO. 17	NFORMANT	10+ Address	tin 1 . i. + NII				
		1/~	arrarasz.	reservor, 100	1/Egrani, IVIA				
	SE OF DEATH [Enter only one couse per line ART I. DEATH WAS CAUSED 8Y:				INTERVAL BETWEEN ONSET AND DEATH				
110	IMMEDIATE CAUSE (6)	itis Media, Bi	Lateral						
1 49	DUE TO								
	ons, if ony, which (b) Bro	nchopneumoni	a						
(0), 110	ting the underlying DUE TO				CALL THE				
couse	OST. (c)	INTERITING TO DEATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE CONDITIONI CIN	(EN IN PART V. VIND WAS AUTORSY				
NO P. 200. EXT	AKT II. OTTEK SIGNALICANT CONDITIONS CO	TRINGE TO BEATT BOT	NOT RELATED TO THE TERM	INALDISCASE CONDITION ON	PERFORMED?				
200 EXT	ERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED.	Foler nature of injury in Por	LL or Port II of Stem 18.3	YES NO				
PRIMARY	OF DEATH.	TION HOOK! OCCORD.	ther holde of injury in For	i tor run it of fiem to.)					
		NJURY OCCURRED 20e. PL	CE OF INJURY (Home, form	20f. (City or town)	(County) (State)				
9	or o.m. While	Not while for	ary, street, affice bldg., etc.		(Coonly) (Sidle)				
		rk ot work	us hald as Autoni						
	ertify that I taak charge of the r	12							
apinio	n death resulted/from: Natural o	auses X. Accident	∐, Suicide ∐,	Hamicide [, Undete	rmined manner				
ACTUA	Xan VIV	7.00.	CHIEF MEDICAL E	YA MAINIED [7]	DATE SIGNED				
SIGNAT	URE	merca	ASSISTANT MEDICAL EX	The Control of the Co	9/18/58				
EXAMI		MD	DEPUTY MEDICAL		7,, 7				
220. BURIAL	CREMATION, 22b. DATE THEREOF	22c. NAMS OF CEMETERY OF		22da LOÇATION (City, town,	or county) (Stote).				
Bur	AL (Spy)ify) (7 10 1058	West Wettin	aliann)	Propria M	1. Rural				
	DIRECTOR'S SIGNATURE	ADDRESS	/ 240. REC'	D BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE				
1080	Pattersondlon	Porryville	Ma DATE	2 2 '58 CM	Lun S. Kraus				
205	110 VIII	120 /	/VIEC   DATE						
90-	10114								

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	10	MEDICA	L EXAMIN	NER'S	CERTIFICAT	TE OF	DEATH	Reg. Dist.	No.
1.	PLACE OF DEATH o. COUNTY Cecil	V36	MAI	RYLAND	2. USUAL RESIDENCE (V	Vhere decease	d lived. If institut b. COUNTY		
	b. CITY OR TOWN (If outside corporate limits, and give nearest town)	write BURAL	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF		orafe limits, write		
	Ezzon Elkt	on	D.O.A	•	2/ Elk	ton			
	d. NAME OF HOSPITAL OR INSTITUTION Union Hos		pilal, give street addr	ess)	d. STREET ADDRESS 200 E.	Main	St.		e. IS RESIDENC ON A FARM YES NO F
3.	NAME OF DECEASED (Type or print)	First Mollie	Middle	P	ethersky	4. DATE OF DEATH	Month 9	C	22 Year 50
5.	SEX F 6. COLOR OR RA	CE 7. MARRII	D DIVORCED		1-5-1888		P. AGE (In years last birthday)  7 Oyrs.	Months Day	
10	On. USUAL OCCUPATION (Give kind of wedling most of working life, even if retire	ork done 10b. )	(IND OF BUSINESS O	R INDUSTI					OF WHAT COUNTE
13	HOUSEVILLE  3. FATHER'S NAME				RUSSI 14. MOMER'S MAIDEN N			1 0	S.A.
	Paul Samue	l Et	tnatz		Resa-				
	5. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO	). 17. IN	IFORMANT		Address		
1"	(If yes, give wer or dete	es of service)		An	na Pether	skv.	200 E.	Main	St.Elkton
	18. CAUSE OF DEATH [Enter only one	couse per line	for (a), (b), and (c). }	and and delicate	2001	DJ	han V V Jarl &		NTERVAL BETWEEN MO
	PART I. DEATH WAS CAUSED 8'	(a) A	cute Cor	onat	7				INSEL AND DEATH
	260 X DUE								
	Conditions, if any, which)	(b)	Diab	etes	•			4	
	gove rise to immediate cause (a), stating the underlying DUE	ТО							
	couse last.	(c)							
CATION	PART II. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIVE	N IN PART 1(	PERFORMED?
CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	20b. DESCRIBI	E HOW INJURY OCCU	JRRED. (Er	nter nature of injury in Parl	I or Part II a	f item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Hour a. m. p. m.	While		20e. PLAC facto	E OF INJURY (Home, form try, street, office bldg., etc.	20f. (City (	or town)	(County)	(State)
	21. I certify that I taak char	ge of the	remains describe	ed abov	ve, held an Autaps	y , In:	spection A.	Inquiry	x, and in m
	apinion death resulted from:	Natural o	causes Acc	ident [	], Suicide [], H	Hamicide	, Undeter	mined mar	
	ACTUAL SIGNATURE	Do	odse	22	M.D. CHIEF MEDICAL EX	AMINER -			DATE SIGNED
	EXAMINER'S D C Dod	18			ASSISTANT MEDICA		_	0 00	-0
	NAME (Type) R. C. Dod	nds .			DEPUTY MEDICAL E			9-22-	/ -
22	ROBURIAL CREMATION, 22b, DATE THE	REOF	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCATI	City Joyn. o	r county)	(State)

240. REC'D BY REGISTRAR PDATE SEP 2 4 '58 246. REGISTRAR'S SIGNATURE CITTHUY S. KINA

2100 Eulan

TO DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay is neces execute the certificate, writing the word "pending" in pendl in flem, 18. Give Pages 1, 2, and 3 to the funeral dress 4 should be forw do to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatived or 10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit file pages 1 and 2 with the State Boots or its designated agent, prior to burial, cremation, or removal, and namy event within 72 hours after death. VS. A15ME 5M 2/57

ENERAL DIRECTOR'S SIGNATURE

STATEGICAL STATE

#### CERTIFICATE OF DEATH

10101

			CERT	ILICA	AIL OF DE	AIII			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Cecil		MAI	RYLAND	2. USUAL RESIDEN o. STATE	ICE (Where dece		If instituti COUNTY		nce befo	re odmis	iion)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limited earest town) Elkton	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOV			its, write R			arest fown	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g		oddress)		d. STREET ADD		Ext.					SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	) M : 1	dre	N N Midd	"P; @	Lost	4. DA' OF DEA	C HT	Mon + GF	ith	9	'	Yeor 195
5. SEX	White	WIDOWE	Jane 1	ED []	Dec.31,	1907	5	(Ir years birthdoy) yrs.	Months	Days	Hours	ER 24 HRS Min.
10a. USUAL OCCUPATION during most of wor HOUSE-1  13. FATHER'S NAME	king life, even if refired	) 10b. 1	at home		14. MOTHER'S MA	yland	n country)		12. CI	U.S		COUNTR
James 15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY N	O. 17. II		orence	sto	ddar				
PART I. DEA  196.  Conditions, if of gove rise to it couse (o), stoting	mmediate (	, ;')	13-38-84 e for (o), (b), and (c ne tas	the	ayne W.	Pierso Acch Pro	one	Elk	con,	ONS	ERVAL BEET AND	TWEFN DEATH
200. ACCIDENT WA	HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C			NOT RELATED TO TH				'EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	RMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	Not while of work	20e. PLA foc	ICE OF INJURY (Hon tory, street, office blo	ne, farm, 20f. ( dg., etc.)	City or town	n)	(	County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at 1 attended the	H. Spr	Second the	ot death	occurred at <u>S</u>	A ADDRES	rom the city (Spreet, city	ouses o	ind on I			decease ed abav ATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify) BUTIAL 23. FUNERAL DIRECTOR	Sept.12	2,19	22c. NAME OF CE		Cemetery		Elkt	on,	MarA			e)
	100mol Ho	0	Α.	lkto	n. Md. p	a. REC'D BY REC			STRAR'S SI		(6	

ol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.: Page 4 may be retained by the haspital or attending physician.

5 FUNERAL DIRECAR: After this certificate has been signed by the attending physicion and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. may be retained by TO FUNERAL DIREC VS A15 (4) 15M 9/55

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DESTINATE OF DEATH . . IN COLUMN THE RESIDENCE OF THE PROPERTY OF THE 

. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Doys

ON A FARM?

YES NO

Yeor

1958

Reg. Dist. No.

Address John Ringgold-Warrick, Maryland INTERVAL BETWEEN ONSET AND DEATH dass PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 4 (County) (Stote) . 19 55that I last saw the deceased M, from the couses and on the date stoted above. ADDRESS (Street, city or fown, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Methodist Cem. Cecilton, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthur S. Mraus 909 Pophar St., WilmsEP 10'58

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A Designation of the last		
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CONTRACTOR OF THE PARTY OF THE		370
THE STATE OF		

**CERTIFICATE OF DEATH** 10095

10103

				Keg. Dist, No.		
1. PLACE OF DEATH o. COUNTY	MARYLAND	a. STATE	e deceased lived. If institution b. COUNTY	on: Residence befare admission)		
b. CITY OR TOWN (If outside corporate limits, write		Md.		Cecil		
RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write R	URAL and give nearest town)		
Elkton	1 Day	X R.D. #	2 North	East,		
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS				
OR INSTITUTION Union Hospi	tal	/		e. IS RESIDENCE ON A FARM? YES NO 3		
3. NAME OF First DECEASED	Middle	Lost	. DATE Mon	th Day Year		
(Type or print) Alvin Ch	ester Russ		DEATH Sept.	15, 1958		
5. SEX Male 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.		
White White WIDON	VED TO DIVORCED	June 17.187	B last birthday)	Months Doys Hours Min.		
100. USUAL OCCUPATION (Give kind of work done 10)	KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY		
during mast of working life, even if refired)						
Construction	Roads	Maryla	10	U. S. A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
Mathew Russell		Reher	cca Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17 H	NFORMANT	Addr	A11		
(Yes no. or unknown) (If yes, give wor or dates of service)						
No		. Richard Sl	lumway Nor	th East, Md.		
1B. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]			INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Left Cerab	rol Thromb.	2:20	ONSEL AND DEATH		
DUE TO				Janys		
Conditions, if any, which (b) Cerebral Arterio Sclerosis						
gave rise to immediate couse (o), stoting the under-						
lying cause last.	beneralized	Arterio sele	rolis	· ·		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	I DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY		
N. I.				PERFORMED?		
				YES NO		
△ LOR CONTRIBUTING LI CAUSE OF DEATH I	SCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Por	I I or Part II of item 1B.)	,		
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 While of we	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(Caunty) (State)		
Hour o.m. 19 While	e Not while foc	tory, street, office bldg., etc.)	, =,,	- (Sidile)		
	ork at wark					
21. I certify that I attended the decea	sed fram 135 cm	1958, to 15	Sept 1958	that I last saw the deceased		
alive on 15 Sipt 19.		occurred at 1:350	M from the course	nd on the date stated above.		
1110	early und mor deam		DRESS (Street, city or tawn,			
ACTUAL BURGES IN	/ /lenden /	1/ 1/	Carried, City of town.	DATE SIGNED		
SIGNATURE / / /	. //	M.D. /100+4	Cost Med	12 746 61		
PHYSICIAN'S KIA. U	11 1	4				
NAME (Type) May H.	Huchur	7.1)				
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22	d. LOCATION (City, tawn, o			
REMOVAL (Specify)			**	r county) (State)		
Burial 19/18/1958	Bay View Cer	W I		Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 1271-1-	n Mid 240. REC'D	Y REGISTRAR 246. REGIS	TRAR'S SIGNATURE		
Pippin Funeral Home	aldh Le Elkto	on, Md. DATE SEL	1130	ribus S. Traus		
<u> </u>						

may be retained by the haspital ar attending physician.

2 FUNERAL DIRECTOR As After this certificate has been signed by the attending physician and campletely filled in by the rad director, page 3 shauld be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaved be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECTOR PAGE 13 Shauld be detail TO HOSPITAL OR VS A15 (4) 15M 9/55

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	HEATE OF DEATH		- 10 x 10 10 E4
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	Supplied States of the		
OA JOHN METON M	awayile throstolia, orla		
	A Later March 1995		
	A Latherson Control		
			Total Control
			Table 1 17

# HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral directly. Page 4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y less.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or realth, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 1

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10104

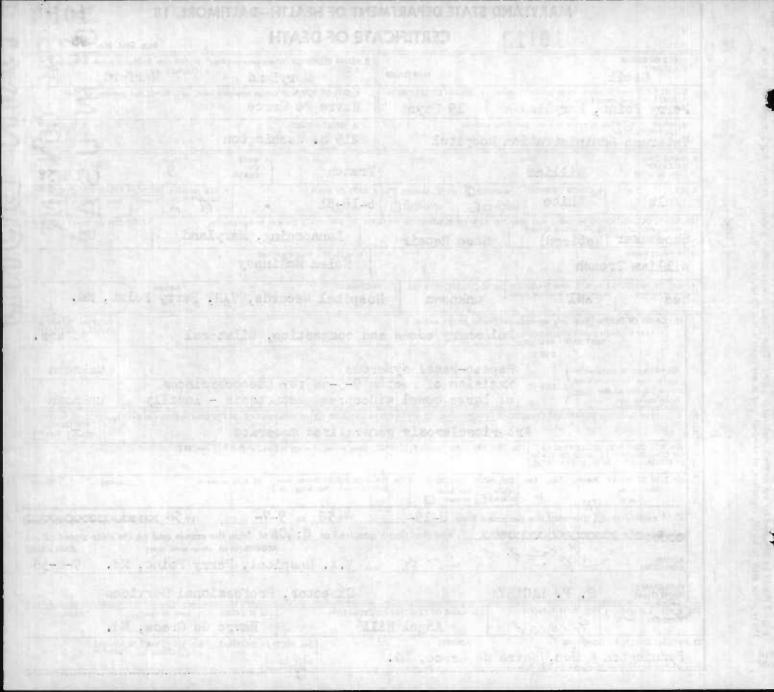
10112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10116	Neg, Dist. No.
PLACE OF DEATH O. COUNTY Cecil M	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY Cecil  Md.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street or	ddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES P NO
NAME OF First Middle (Type or print) Wilbur Emerson	
M WIDOWED DIVOR	
Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if refired)  Geh Motors Auto Mfg.	Newark, Del. U.S.A.
John P. Shockley	Gertrude Lane
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY Yes, no, or unknown)   (If yes, give was or dotes of service)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.  (b)  DUE TO  (c)	ed
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OF PRIMARY CONTRIBUTING CAUSE OF DEATH.	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \bigcap  NO \( \bigcap \)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	
21. I certify that I took charge of the remains descr	Elkton R.D.   Elkton Cecil Md.
ACTUAL ALLOCEIA	OM.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S R. C. Dodson	ASSISTANT MEDICAL EXAMINER (1)  DEPUTY MEDICAL EXAMINER (2)  9-30-58
120. BURIAL. CREMATION. 122b. DATE THEREOF 122c. NAME OF CE 125. NAME OF CE 12	EMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  Nr. Chesapeake City, Md.  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  CET 2 58  Crimy S. Frank

Pennington & Son, Havre de Grace, Md.

Page

15M 10/57



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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4	be retained by the hospital ar attending physician.	NERAL DIRECT R: After this certificate has been signed by the attending physician and campletely filled in by the	3 shauld be goched for use as the burial-transit permit. Then pleaseremene carban papers. Pages 1 and 2 show of filled with	egistrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.
	and it	7		

VS A15 (4)

15M 10/57

1. PLACE OF DEA o. COUNTY b. CITY OR TO RURAL and d. NAME OF H OR INSTITUT Veterans NAME OF DECEASED (Type or print)

5. SEX

XXEX Ma 10a, USUAL OCCI during most o 13. FATHER'S NAM

15. WAS DECEASE Yes IB. CAUSE O PART

> Conditions gove rise couse (o), st lying cause PART II

> > p. m.

MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18 10106
10114 CERTIFICA	CATE OF DEATH  Reg. Dist. No. 96
TH Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. STATE District of Columbia.
WN (If outside corporate limits, write ive neorest town)  Ty Point  17 days	
OSPITAL (If not in hospitol, give street oddress)  Administration Hospital	d. STREET ADDRESS 4113 - 7th Street, N.W.  e. IS RESIDENCE ON A FARM? YES NO 50
First Middle JOHN W.	WALKER 4. DATE Month Doy Yeor DEATH September 28 19 58
6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NIVORCED	B. DATE OF BIRTH  12-26-05  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS
PATION (Give kind of work done f working life, even if retired) Orter Unknown	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?  North Carolina USA
Dr. J. W. Walker	14. MOTHER'S MAIDEN NAME Elinor Curtis
(If yes, give war or dates of service)	Hospital Records, VAH, Perry Point, Md.
F DEATH [Enter only one couse per line for (o), (b), ond (c).]  DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Bronchopneumon	nia bilateral severe unresolved 3-5 days
if ony, which to immediate oring the under-lost. (c) DUE TO	
Arteriosclerosi	is, generalized, moderate   160   19. Was autopsy performed?   18. Was autopsy performed.   18. Was aut
T WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE	RRED. (Enter noture of injury in Port I ar Part II of item 18.)

(Stote)

20a. ACCIDEN 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. While Nat while of work

ADDRESS (Street, city or town, stole) V.A. Hospital, Perry Point, Md. ACTUAL

PHYSICIAN'S S. P. LACERVA Director, Professional Services NAME (Type)

220. BURIAL CREMATION. | 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Arlington National REMOVAL (Specify) Arlington, Virginia 24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR Home, 2718-12th St., N. E. Wash. Docte aritury & thous

- mail

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Items 5, 6 & 7, Film G234 CERTIFIC	CATE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Ceci  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION April 1050.	d. STREET ADDRESS  ON A FARMY YES NO
3. NAME OF DECEASED (Type or print) Howard F.	V4 / BS 4. DATE Month Day Year OF DEATH Sept 25 1958
S. SEX  6. COLOR OR RACE  White  Widowed Divorced	8. DATE OF 8IRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Nettined farms.  Turming	Ment Co, md. USA.
Howard Walls	Hebicca Faschie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [16. no. or unknown]   If yes, give wor or dates of service]   WONE	Mrs. Thomas Duff. Farleville, M.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONONY	Occlusion Interval Between onset and Death
Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse lost.  DUE TO  (b) Avleniosclent  (c)	otic Hojet Disease, years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \( \subseteq \)
	RED. (Enter nature of injury in Port I or Port II af item 1B.)
	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) foctory, street, affice bldg., etc.)
21. I certify that I attended the deceased from Sept alive on Sept 25., 19.58, and that death ACTUAL SIGNATURE Wallace Occurrence PHYSICIAN'S NAME (Type)	th occurred at 12 5 M, from the causes and an the date stated above  ADDRESS (Street, city or town, stote)  M.D. Cee Itan , Mayland 25 gets
229 BURIAL, CREMATION, 226 DATE MEREOF 22c. NAME OF CENETERY CORNEL OF CENETERY CONTROL OF CENETERY CONTRO	OR GREMATORY 22d. LOCKHON (City found ar county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MILLIANS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling S. Thank

VS A1S (4) 15M 9/SS

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est make the supplies a heart 1200 f.	A to be the state of the state of	and the contract of	
		Saradon -	

#### FOR STATE HEALTH DEPT.

ry, please files.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is nece execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral dir 4 shauld be farred to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME BM 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10110				Keg. DISI. No.	•
1. PLACE OF DEATH o. COUNTY Cocil	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If in b. CO	nstitution: Residence before UNT Cecil	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Rising Sun	c. LENGTH OF STAY IN 16	1	autside carporote limits, v		earest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO D
13 S. Walnut		13 South	Waknut		LIES THO FI
3. NAME OF DECEASED (Type or print) Richard	Middle	Wilson	4. DATE A OF DEATH	Month Day	19 <b>58</b>
M W WIDOWE		3-22-1910	9. AGE (In year fast birthday)	Mantha D.	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	and of Business or Industi			12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME	TIRTAN	Philadely	AME PO	0.00	
Herman Richard Wils		Margamet	L. Lynch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. no. er unknown] [If yes, give wor or doles of service]  18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  19. Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS COUSE lost.  200. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING []  200. EXTERNAL CAUSE WAS AUSE OF DEATH.	159-01-21,59  for (o). (b). and (c). )  My ofardial  Le siosclesofic	Trafferent Z Caydunuses	Disca Disca	S C INTERIOR ONSER	VAL BETWEEN T AND DEATH
20c. TIME OF INJURY Month, Doy, Year 20d. While P. m. 19 of we	Not while facto	E OF INJURY (Home, form, ry, street, office bldg., etc.)		(County)	(Stote)
21. I certify that I taak charge of the copinion death resulted from: Natural copinion death resulted from:			AMINER AL EXAMINER	determined manner	DATE SIGNED
220. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, to Philadelphia		(State)
23. FUNTERAL PURECTOR'S SIGNATURE	Pering L	LUN MECE		REGISTRAR'S SIGNATUR	

### MARYLINID STATE DEBART MENT OF HEALER -DALIMORES OF A MEDICAL EXA MUNER'S CENTIFICATE OF DEATH

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			Drowns Barrier	
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				incorp.

#### FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necess execute the certificate, writing the word "pending" in pendit in them, 18. Give Poges 1, 2, and 3 to the funeral direct thould be four the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	0	1	0	9

		-							Reg.	Dist. No		
1. PLACE OF DEATH		,			2. USUAL RE	SIDENCE (	Where deceo	sed lived. If instit	ution: Resi	dence be	fore odn	ission)
o. COUNTY	ecil		MAI	RYLAND	Maryl	and		b. COUNT		ecil		
b. CITY OR TOWN and give negres! to	(If autside carparate limits,	write RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OF	NWOT	f outside cor	porote limits, write	RURAL o	nd give n	eorest to	wn)
Singer	_		all life		X	Sino	erley					
		(If not in h	ospitol, give street oddr	'ess)	d, STREET		N. de ale Control				e. IS R ON YES [	ESIDENCE A FARM?
3. NAME OF		First	Middle		los	•	4. DATE	Mont	b	Doy		feor
(Type or print)							OF DEATH		"			_
5. SEX	6. COLOR OR RAC	E 7			eedrew		DEATH	9	lie in in	29		9 58
J. 3CA	e. COLOR OR RAC		NEVER MARRI		DATE OF RIKIT	1		9. AGE (In years lost birthday)	Months	R IYEAR	Hours	ER 24 TERS.
M	W	WIDOW	ED DIVORCE		12-28-1	874		83 yrs.	1	Duy.	110013	293111.
100. USUAL OCCUPA	TION (Give kind of wo	rk done 10b.	KIND OF BUSINESS O	R INDUSTI	TY 11. BIRTHPL	ACE (Stote	or foreign	country)	12. C	TIZEN O	F WHAT	COUNTRY
Lab	KING WE, THEN IT THE		neral work		25							
13. FATHER'S NAME		uc.	HELAT MOLK		14. MOTHER'S	y Land	NAME		1			
Tone	mle Cld Wr-			100								
JOSO 15 WAS DECEASED	Ph S1. WO	odrow	COCIAL CECUBITY NV	2 127 184	NO 1	ntom	ation					
[Yes, no, or unknown]	(If yes, give war at date		S. SOCIAL SECURITY NO	J. 17. W	PORMANI			Address				
no				Rut	h Woodr	ow, F	Ekton	Gen. Del	iv.	Md.		
18. CAUSE OF DE	EATH Enter only one	couse per line	o for (o), (b), and (c).]								EVAL BETW	
PART I. DE	EATH WAS CAUSED BY		Acute C	oron	0.0000					UNS	T AND DE	AIH
11201	IMMEDIATE CAUSE		ACU06 C	TOTAOTIE	ary				-	-		
7.0,	DUE 1	0										
Canditions, if		(b)										
(a), stating the		0										
couse fost.		(c)										
Z PART II. C	THER SIGNIFICANT CO	ONDITIONS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(0) 1	9, WAS	AUTOPSY
¥												RMED?
200. EXTERNAL C	ALICE WAS	20h DECCRI	DE NOW INDIDA OCC	IDBED (F.							БП	NO 7
PART II. C	ONTRIBUTING [	200. DESCRI	BE HOW INJURY OCC	UKKED. JEF	iter noture of in	ijury in Poi	rt i or Fort il	i of riem 18.)				
3 20c. TIME OF IN.	JURY Month, Doy,	Yeor 20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (	Home, for	n, 120f. (Cit	y or town)	10	ounty)		(Stote)
20c. TIME OF IN.		Whi	ile Not while:	facto	ry, street, office	bldg., etc	.)		,	,,		
			vork ot work				-					
21. I certify	that I took chor	ge of the	remoins describe	ed obov	re, held an	Autops	y	nspection 😓	, Inqu	iry 🕞	on	d in my
opinion deot	h resulted from:	Natural	causes	ident [	], Suicid	e 🔲,	Homicide	, Undete	ermined	monne	er 🗌	
/	11 11 0	0	1									
ACTUAL	14 1 1 1	X/M	Pelal	77/	CHIEF A	AEDICAL E	XAMINER [	1			DATE S	IGNED
SIGNATURE	0001	66	00,00		LM.D.							
EXAMINER'S							AL EXAMINE		st tu			
NAME (Type)	R.C.Doc	son				MEDICAL	EXAMINER	*	9+	30-5	Q	
220. BURIAL, CREMAT REMOVAL (Speci		EOF	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stot	e)
BUYIZI	10/2/	58	Cherry H	1:11	Cemet	exu	1	Chorry	11:11.		Md	
23. FUNERAL DIRECTO	OR'S SIGNATURE	0	ADDRESS		7.7.7.6	240 REC	D BY REGIS	TRAR 246. REGI	STRAR'S 8	IGMATU	RE.	
Pall	18 41.1	1	Snot	-	MI	0.0		08	Mund A	. / Crow	Per	
alph	Q. HUR	w	Chl	w,	118	DATE						

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